

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

U.S. Attorney  
219 S. Dearborn, 5<sup>th</sup> Floor  
Chicago, IL 60604

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *J Doyle US ATT* ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

*J DOYLE*

C. Date of Delivery

*3-27-08*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number  
(Transfer from service label)

7006 0810 0004 0926 8140

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540